Schedule E)	PAGE 1 OF 69 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report	t filed on W W / D D / Y Y Y Y
Full Name of Payee Gabriella E Hansen	Date of Public Distribution/Dissemination
	08 12 2014
Mailing Address 310 West Meath Drive	Amount
City State Zip Code	25.00
Winterville NC 28590	Transaction ID: 9f8ac1f5-30fe-4d86-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support	Office Sought: House District:00
Ms. Kay Hagan Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 230157.08	Disbursement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
Morgan R Padgett	08 12 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2164 Kay Rd	Amount
City State Zip Code	25.00
Greenville NC 27858	Transaction ID : b29b6c6d-44ab-42b3-b Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support	Office Sought: House District: 00
Ms. Kay Hagan Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 230157.08	Disbursement For: Primary General 2014 Gher (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	50.00
(b) SUBTOTAL of Unitemized Independent Expenditures	>
(c) TOTAL Independent Expenditures	>
Under penalty of perjury I certify that the independent expenditures reported herein were rwith, or at the request or suggestion of, any candidate or authorized committee or agent of party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date Signature	08 / 14 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Schedule E)	IN EXILID	HONES	PAGE 2 C FOR SE OF FOR	OF 69 M 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION N	UMBER ▼
Women Speak Out PAC			C C00530766	
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on	Y Y Y Y
Full Name of Payee			Date of Public Distribution/Disse	mination
Morgan R Padgett				2014 Y
Mailing Address 2164 Kay Rd			Amount	
City	State	Zip Code		15.00
Greenville	NC	27858	Transaction ID: 7a64977f-8f6b Date of Disbursement or Obliga	
Purpose of Expenditure Mileage		Category/ Type 002	08 / D D / Y	2014
Name of Federal Candidate		Support	Office Sought: House Distri	ct: 00
Ms. Kay Hagan		X Oppose	President X Senate State	te: NC
Calendar Year-To-Date Per Election for Office Sought	-	230157.08	Disbursement For: Primary 2014 Other (specify) ▶	∠ General
Full Name of Payee			Date of Public Distribution/Disse	emination
Felice Barrett			08 12 / Y	2014
Mailing Address 1588 Asbury			Amount	
City	State	Zip Code		20.00
Springdale	AR	72762	Transaction ID : 97fb21f2-0f03-4 Date of Disbursement or Obliga	
Purpose of Expenditure Salary		Category/ Type 001	08 / D D / Y	2014
Name of Federal Candidate		Support	Office Sought: House Distri	ct:00
Mr. Mark L Pryor		X Oppose	President Sta	
Calendar Year-To-Date Per Election for Office Sought		56651.24	Disbursement For: Primary 2014 Other (specify) ▶	≺ General
(a) SUBTOTAL of Itemized Independent Expendi	tures			35.00
			7- 7-	
(b) SUBTOTAL of Unitemized Independent Exper	nditures		•	
(c) TOTAL Independent Expenditures			·	
Under penalty of perjury I certify that the indepe with, or at the request or suggestion of, any canoparty committee) any political party committee or	lidate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08 / 14 / 2014	Y
J				

Schedule E)	II EXI END	HONES	PAGE 3 OF 69 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	oort Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Felice Barrett			08 / 12 / 2014
Mailing Address 1588 Asbury			Amount
City	State	Zip Code	7.20
Springdale	AR	72762	Transaction ID : 89fafc1e-19de-4edc-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 12 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7	56651.24	Disbursement For: Primary ☐ General 2014 Other (specify) ▶
Full Name of Payee	_		Date of Public Distribution/Dissemination
Joseph R Rys			08 12 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 160 #50 Pompano Dr			Amount
City	State	Zip Code	40.00
New Bern	NC	28560	Transaction ID : dad65826-78d5-4b85-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	230157.08	Disbursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditure	es		• 47.20
,,			7 7 7
(b) SUBTOTAL of Unitemized Independent Expend	itures		•
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized		
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	9 08 14 2014

Schedule E)	ENT EXICITE	TI OTILO	PAGE 4 OF 69 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Joseph R Rys			08 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 160 #50 Pompano Dr			Amount
City	State	Zip Code	8.52
New Bern	NC	28560	Transaction ID : c40e7660-f666-42ca-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		230157.08	Disbursement For:
Full Name of Payee			Date of Public Distribution/Dissemination
Matt Gleb			08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3815 Robin Road			Amount
City	State	Zip Code	46.00
Ayden	NC	28513	Transaction ID : 8fe728e9-8b7f-4b86-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		230157.08	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expend	tures		54.52
			7 7 7
(b) SUBTOTAL of Unitemized Independent Expe	nditures		>
(c) TOTAL Independent Expenditures			•
	didate or authorize		not made in cooperation, consultation, or concert either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	08
5.g. a.a.			

Schedule E)		TIONES	PAGE 5 OF 69 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER	R ▼
Women Speak Out PAC			C C00530766	
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on	Y
Full Name of Payee			Date of Public Distribution/Dissemination	n
Matt Gleb			08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Y
Mailing Address 3815 Robin Road			Amount	
City	State	Zip Code	24.0	0
Ayden	NC	28513	Transaction ID : 6b6dce7f-5c60-49df-a Date of Disbursement or Obligation	
Purpose of Expenditure Mileage		Category/ Type 002	08 / 12 / 2014	Y
Name of Federal Candidate		Support	Office Sought: House District: 00	0
Ms. Kay Hagan		X Oppose	President State: NC	
Calendar Year-To-Date Per Election for Office Sought	7 7	230157.08	Disbursement For: Primary General Other (specify) ▶	eral
Full Name of Payee			Date of Public Distribution/Disseminatio	n
Casey Stockton			08 12 7 2014	Y
Mailing Address 105 South Dale St			Amount	
City	State	Zip Code	30.00	
Spruce Pine	NC	28777	Transaction ID: 8af8ce2d-b8ec-4060-8 Date of Disbursement or Obligation	_
Purpose of Expenditure Salary		Category/ Type 001	08 / 12 / 2014	Y
Name of Federal Candidate		Support	Office Sought: House District: 0	0
Ms. Kay Hagan		X Oppose	President Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		230157.08	Disbursement For: Primary General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General Genera	eral
(a) SUBTOTAL of Itemized Independent Expend	tures		54.00]
(b) CURTOTAL of Uniterprised Independent Expendent	a ditura a] [
(b) SUBTOTAL of Unitemized Independent Expe	natures			Ш
(c) TOTAL Independent Expenditures			· · · · · · · · · · · · · · · · · · ·	
Under penalty of perjury I certify that the indepe with, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08	
V				

Schedule E)	PAGE 6 OF 69 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends	s report filed on
Full Name of Payee Casey Stockton	Date of Public Distribution/Dissemination
Mailing Address 105 South Dale St	08 12 2014 Amount
City State Zip Code	19.20
Spruce Pine NC 28777	Transaction ID : 52bfcb4c-723b-4519-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type	002 08 / 12 / 2014
Name of Federal Candidate Supp	ort Office Sought: House District: 00
Ms. Kay Hagan Oppo	ose President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 230157.08	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Mary Johnson	08 12 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 105 South Dale St	Amount
City State Zip Code	30.00
Spruce Pine NC 28777	Transaction ID: 84348cac-9c80-49c5-b Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type	001 08 / 12 / 2014
Name of Federal Candidate Supp	port Office Sought: House District: 00
Ms. Kay Hagan	ose President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 230157.08	Disbursement For: Primary General 2014 Other (specify) ▶
(a) CURTOTAL of Itemized Independent Europeditures	40.00
(a) SUBTOTAL of Itemized Independent Expenditures	49.20
(b) SUBTOTAL of Unitemized Independent Expenditures	······································
(c) TOTAL Independent Expenditures	······································
Under penalty of perjury I certify that the independent expenditures reported herein with, or at the request or suggestion of, any candidate or authorized committee or again party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed]	Date 08 14 2014
Signature	

Schedule E)	DENT EXICIO	HONES	PAGI FOR	E 7 OF 69 SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTI	FICATION NUMBER ▼
Women Speak Out PAC			C C0053	30766
Check if 24-hour report X 48-hour report	t New rep	port Amends repo	t filed on M / D	D / Y = Y = Y
Full Name of Payee Anthony Buchanan				ibution/Dissemination
Mailing Address 1090 McHone Rd				2 2014
7000 Mid folio fila			Amount	
City	State	Zip Code		30.00
Spruce Pine	NC	28777	Transaction ID: 65 Date of Disbursement	b4d2e2-bb44-4ea5-9 ent or Obligation
Purpose of Expenditure Salary		Category/ Type 001		12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: Ho	use District: 00
Ms. Kay Hagan		X Oppose	President X Se	nate State: NC
Calendar Year-To-Date Per Election for Office Sought		230157.08	Disbursement For: I 2014 Other (specify)	Primary X General
Full Name of Payee			Date of Public Distr	ribution/Dissemination
Kassidy L Tyer				12
Mailing Address 41 Hawk Hollow Trail			Amount	
City	State	Zip Code		40.00
Burgaw	NC	28425	Transaction ID: 15f Date of Disbursement	
Purpose of Expenditure Salary		Category/ Type 001	M = M / D	12 / 2014
Name of Federal Candidate		Support	Office Sought: Ho	use District: 00
Ms. Kay Hagan		X Oppose	President X Se	nate State: NC
Calendar Year-To-Date Per Election for Office Sought	,,,,	230157.08	Disbursement For: 2014 Other (specify)	Primary General •
(a) SUBTOTAL of Itemized Independent Expe	nditures			70.00
(b) SUBTOTAL of Unitemized Independent Ex	penditures			
			7	4 4
(c) TOTAL Independent Expenditures			>	4
Under penalty of perjury I certify that the indewith, or at the request or suggestion of, any committee) any political party committee	andidate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08 / D D /	2014
-				

Schedule E)	IVI EXI END	TIONES	<u> </u>	GE 8 OF 69 DR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDEN	TIFICATION NUMBER ▼
Women Speak Out PAC			C coo	0530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	t filed on)
Full Name of Payee Kassidy L Tyer				stribution/Dissemination
Mailing Address 41 Hawk Hollow Trail			08	12 2014
			Amount	
City	State	Zip Code		18.00
Burgaw	NC	28425		3d90c90b-ffcd-4d14-8 ment or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 /	12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President X	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	230157.08	Disbursement For: 2014 Other (specif	Primary
Full Name of Payee			Date of Public D	istribution/Dissemination
Allie Butler			08	12 / 2014
Mailing Address 1676 Shady Creek Rd			Amount	
City	State	Zip Code		47.50
Ayden	NC	28513		325ae53a-6909-4014-8 ment or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 /	12 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President X	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, , ,	230157.08	Disbursement For: 2014 Other (specif	Primary
(a) SUBTOTAL of Itemized Independent Expenditu	ıres			65.50
,			7	7 7
(b) SUBTOTAL of Unitemized Independent Expendent	ditures		>	
(c) TOTAL Independent Expenditures			·	
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or it	date or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08 / D D /	2014
Signataro				

Sch	edule E)	TOTALO		PAGE 9 OF 69 FOR SE OF FORM 24/48
	E OF COMMITTEE (In Full)		FEC ID	ENTIFICATION NUMBER ▼
Wo	omen Speak Out PAC		C	C00530766
Chec	k if 24-hour report X 48-hour report New repo	ort Amends repo	rt filed on	D = D / Y = Y = Y
T :	Full Name of Payee		Date of Rublic	Distribution/Dissemination
	Lorri Anderson		Date of Fubility	12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 7214 Duchamp Dr		Amount	
(Dity State	Zip Code		50.00
L	Charlotte NC	23215		D: 793c1884-24a6-4194-9 rsement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	08	12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
1	Name of Federal Candidate	Support	Office Sought:	House District: 00
	Ms. Kay Hagan	X Oppose	President >	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought 2	30157.08	Disbursement For: 2014 Other (sp	Primary
Г	Full Name of Payee		Date of Public	Distribution/Dissemination
-	Lorri Anderson		08 /	12 / 2014
- [7	Mailing Address 7214 Duchamp Dr			12 2014
	· ·		Amount	
-	City State	Zip Code		12.30
	Charlotte NC	23215	Transaction ID Date of Disbu	D: 993b8d50-7962-47d6-8 ursement or Obligation
	Purpose of Expenditure Mileage	Category/ Type 002	08 /	12 / 2014
	Name of Federal Candidate	Support	Office Sought:	House District: 00
	Ms. Kay Hagan	X Oppose	President >	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	230157.08	Disbursement For: 2014 Other (sp	Primary X General Decify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures		•	62.30
(b) SUBTOTAL of Unitemized Independent Expenditures		•	
(c) TOTAL Independent Expenditures)	
wi	nder penalty of perjury I certify that the independent expenditures th, or at the request or suggestion of, any candidate or authorized arty committee) any political party committee or its agent.			
	Ms. Emily Buchanan [Electroni	cally Filed] Date	08 / 14	2014
	Signature	_		

Schedule E)	AI ENDITORIES	PAGE 10 OF 69 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Object is a superior of the su	7	M = M / D = D / Y = Y = Y
	New report Amends report filed	i on
Full Name of Payee Malinda Ledford		Date of Public Distribution/Dissemination 08 12 2014
Mailing Address 44 Bell Street Ext		Amount
City Sta	te Zip Code	50.00
Spruce Pine No	·	Transaction ID : cfd33a5c-da7e-4a3a-b Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office	e Sought: House District: 00
Ms. Kay Hagan	X Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought	230157.08 Disblack	ursement For: Primary X General Other (specify) ▶
Full Name of Payee Malinda Ledford		Date of Public Distribution/Dissemination
Mailing Address 44 Bell Street Ext		08 12 2014 Amount
City Sta	te Zip Code	26.40
Spruce Pine No	•	Transaction ID : 23c38414-5ebe-4e59-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	08 / 12 / 2014
Name of Federal Candidate	Support Offic	e Sought: House District: 00
Ms. Kay Hagan	X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	230157.08 Disb 2014	ursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures		76.40
(b) SUBTOTAL of Unitemized Independent Expenditures.	·····	
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent ex with, or at the request or suggestion of, any candidate or party committee) any political party committee or its agen	authorized committee or agent of either	
Ms. Emily Buchanan	[Electronically Filed] Date	08 14 2014
Signature		

NAME OF COMMITTEE (In Full) Women Speak Out PAC C C00530	FICATION NUMBER ▼
Women Speak Out PAC	
	0766
Check if 24-hour report X 48-hour report New report Amends report filed on	D / Y = Y = Y = Y
Full Name of Payee Virginia M Stevens Date of Public Distrib	D / Y Y Y Y Y
Mailing Address 1691 Fork Mtn Rd Amount	2 2014
City. Chate 7in Code	50.00
City State Zip Code Bakersville NC 28705 Transaction ID : 151 Date of Disbursemen	
Purpose of Expenditure Salary Category/ Type O01 12	D / Y Y Y Y
Name of Federal Candidate Support Office Sought: House	use District: 00
Ms. Kay Hagan Ms. Kay Hagan Oppose President Senso	
Calendar Year-To-Date Per Election for Office Sought Disbursement For: □ Pr 2014 Other (specify) Other (specify)	Primary X General
	D / Y Y Y Y Y
Mailing Address 1691 Fork Mtn Rd Amount	2 2014
City State Zip Code	26.40
Bakersville NC 28705 Transaction ID : 43do Date of Disbursemen	c5f1e-57d6-4973-b
Purpose of Expenditure Mileage Category/ Type 002 08 12	
Name of Federal Candidate Support Office Sought: Hou	use District: 00
Ms. Kay Hagan	
Calendar Year-To-Date Per Election for Office Sought 230157.08 Disbursement For: Property 2014 Other (specify)	Primary X General
(a) SUBTOTAL of Itemized Independent Expenditures	76.40
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, column, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting experts committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 08 14	2014

Sche	dule E)	EXI END	TOTILO		PAGE 12 OF 69 FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Won	nen Speak Out PAC				C C00530766
Check i	if 24-hour report X 48-hour report	New repo	Amondo rono		M = M / D = D / Y = Y = Y
		New repo	ort Amends repo	ort filed on	
Full J e	Name of Payee enna M Ledford				of Public Distribution/Dissemination
Mai	iling Address 2279 Gouges Creek Rd			Amou	unt
City	/	State	Zip Code		70.00
	ruce Pine	NC	28777		saction ID: 18c37240-2266-4847-b of Disbursement or Obligation
	pose of Expenditure lary		Category/ Type 001		08 / 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Nar	me of Federal Candidate		Support	Office Sough	ht: House District: 00
Ms	s. Kay Hagan		X Oppose	Presid	dent Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	2	30157.08	Disbursemen 2014	nt For:
	Name of Payee			Date	of Public Distribution/Dissemination
J€	enna M Ledford				08 12 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Ma	iling Address 2279 Gouges Creek Rd				00 12 2011
	-			Amo	unt
City	у	State	Zip Code	<u> П</u> Г.	30.90
	oruce Pine	NC	28777	Trans Date	action ID: 7bab097d-091b-499d-a of Disbursement or Obligation
	rpose of Expenditure leage		Category/ Type 002] [M 08 / 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Nai	me of Federal Candidate		Support	Office Soug	ht: House District: 00
Ms	s. Kay Hagan		X Oppose	Presid	
	Calendar Year-To-Date Per Election for Office Sought	, ,	230157.08	Disburseme 2014	ont For: Primary
(a) \$	SUBTOTAL of Itemized Independent Expenditures	S		· •	100.90
(b) \$	SUBTOTAL of Unitemized Independent Expenditu	res		·· •	7
(c) ¹	TOTAL Independent Expenditures			· •	
with,	er penalty of perjury I certify that the independen or at the request or suggestion of, any candidate or committee) any political party committee or its a	e or authorized			
	Ms. Emily Buchanan	[Electroni	ically Filed] Date	e 08 /	14 2014
S	ignature		_		

Schedule E)	LIVI EXI EIVE	TI OTILO	PAGE 13 OF 69 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Christine B Long			08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3121 Charleycote Dr			Amount
City	State	Zip Code	20.00
Raleigh	NC	27614	Transaction ID: 654b711d-8790-4e29-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 12 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	.,,	230157.08	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Christine B Long			08 / 12 / 2014
Mailing Address 3121 Charleycote Dr			Amount
City	State	Zip Code	5.46
Raleigh	NC	27614	Transaction ID: 08f6f83a-b1ea-469a-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / DDD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		230157.08	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expen	ditures		25.46
			7 7
(b) SUBTOTAL of Unitemized Independent Exp	enditures		>
(c) TOTAL Independent Expenditures			•
	ndidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08

Schedule E)	PAGE 14 OF 69 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report	filed on M = M / D = D / Y = Y = Y
Full Name of Payee Morgan E Hallenbeck	Date of Public Distribution/Dissemination
	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3790 Christian Light Rd	Amount
City State Zip Code	70.00
Fuquay Varina NC 27526	Transaction ID: e2462475-0eb2-4ff5-b Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	08 / 12 / 2014
Name of Federal Candidate Support	Office Sought: House District: 00
Ms. Kay Hagan	President X Senate State: NC
Calcildal Ical Io Date	Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Morgan E Hallenbeck	08 12 Y Y Y Y Y
Mailing Address 3790 Christian Light Rd	Amount
City State Zip Code	14.70
Fuquay Varina NC 27526	Transaction ID : 39633d11-f35e-48de-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Office Sought: House District: 00
Ms. Kay Hagan Oppose	President Senate State: NC
	Disbursement For: Primary General 2014 Gther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	84.70
(b) SUBTOTAL of Unitemized Independent Expenditures	>
(c) TOTAL Independent Expenditures	•
Under penalty of perjury I certify that the independent expenditures reported herein were no with, or at the request or suggestion of, any candidate or authorized committee or agent of party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date Signature	08

Schedu	le E)	TI EXI END			PAGE 15 OF 69 FOR SE OF FORM 24/48
	COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wome	n Speak Out PAC				C C00530766
					-M / D D / Y - Y - Y
Check if	24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on	
	ame of Payee cy M Hargett				of Public Distribution/Dissemination
Mailing	3 Address 5133 Lord Bryon Road			Amour	
City		State	Zip Code		35.00
Wilmi	ngton	NC	28405		action ID : 72214c0e-ffd9-481f-b of Disbursement or Obligation
Purpos Salary	se of Expenditure		Category/ Type 001		08 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name	of Federal Candidate		Support	Office Sought	t: House District: 00
Ms. K	ay Hagan		X Oppose	Preside	
_	alendar Year-To-Date er Election for Office Sought	, , , , 2	230157.08	Disbursement 2014 Of	t For: Primary X General
	ame of Payee cy M Hargett	-			of Public Distribution/Dissemination
Mailing	g Address 5133 Lord Bryon Road				08 12 2014
	,			Amou	nt
City		State	Zip Code		6.90
	ington se of Expenditure	NC	28405	Transa Date o	ction ID: bb040b58-780b-4aff-a of Disbursement or Obligation
Milea			Category/ Type 002	M	08 / 12 / 2014
Name	of Federal Candidate		Support	Office Sough	t: House District:00
Ms. K	ay Hagan		X Oppose	Preside	-
	Calendar Year-To-Date Per Election for Office Sought	77	230157.08	Disbursemen 2014 O	t For:
(a) CIII	PTOTAL of Hamizad Indonesidant Evacadity	***			44.00
(a) SUI	BTOTAL of Itemized Independent Expenditu	res		•	41.90
(b) SUI	BTOTAL of Unitemized Independent Expend	itures		•	7 7
(c) TO	FAL Independent Expenditures			•	7 1 7 1 7
with, or	penalty of perjury I certify that the independ at the request or suggestion of, any candid committee) any political party committee or its	late or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	08 /	14 2014
Sign	ature				

<u> </u>	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee Da	te of Public Distribution/Dissemination
Amanda Boley	08 12 2014
Mailing Address Split Oak Drive	nount
City State Zip Code	47.50
charlotte NC 28227 Tra	ansaction ID : af3ff98d-500c-4a86-8 te of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sou	ught: House District: 00
Mc Mary Ll andrigu	sident State: LA
Calendar Year-To-Date Per Election for Office Sought Disbursen 2014	
	Other (specify)
Full Name of Payee Da Amanda Boley	ate of Public Distribution/Dissemination
Mailing Address Split Oak Drive An	08 12 2014 mount
City State Zip Code	18.90
charlotte NC 28227 Trail	nsaction ID : 0b066e59-cedf-4e64-9 ate of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office So	ught: House District:00
Ms. Mary L Landrieu	esident State: LA
Calendar Year-To-Date Per Election for Office Sought Disbursen 2014	ment For:
(a) SUBTOTAL of Itemized Independent Expenditures	66.40
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made i with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 08	14 2014
Signature	

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OF

69

Women Speak Out PAC C C0053076 Check if 24-hour report	/ Y = Y = Y
Check if 24-hour report 48-hour report New report Amends report filed on	on/Dissemination
Check if 24-hour report 48-hour report New report Amends report filed on	
TENN (D	
Full Name of Payee Joesph P Pthierfelder Date of Public Distribution	
Mailing Address 2411 Armstrong Amount	2014
City State Zip Code Gastonia NC 28054 Transaction ID : 258565 Date of Disbursement o	
Purpose of Expenditure Salary Category/ Type O01 O8 O8 12	/ Y Y Y Y Y Y 2014
Name of Federal Candidate Support Office Sought: House	District: 00
Ms. Kay Hagan Ms. Kay Hagan Oppose President Senate	
Calendar Year-To-Date Per Election for Office Sought Disbursement For: □ Prima 2014 □ Other (specify) ▶ _	ary X General
Full Name of Payee Joesph P Pthierfelder Date of Public Distribution M M / D D	/ Y Y Y Y Y
Mailing Address 2411 Armstrong 28 12 Amount	2014
City State Zip Code	19.20
Gastonia NC 28054 Transaction ID : 7d2703c Date of Disbursement of	e8-8354-413c-8
Purpose of Expenditure Mileage Category/ Type O02 M 08 / D 12	2014
Name of Federal Candidate Support Office Sought: House	District:00
Ms. Kay Hagan	
Calendar Year-To-Date Per Election for Office Sought 230157.08 Disbursement For: □ Prima 2014 □ Other (specify) ▶ □	ary X General
(a) SUBTOTAL of Itemized Independent Expenditures	54.20
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consu with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity party committee) any political party committee or its agent.	
CT1	Y Y Y Y 2014

Schedule E)	TI EXI EITE	TOTILO	PAGE 18 OF 69 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New rep	port Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Peter Sahuc			08 / 12 / 2014
Mailing Address 107 Phillip Ave			Amount
City	State	Zip Code	35.00
Lafayette	LA	70503	Transaction ID : bda3ba5e-e428-4c3c-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 12 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , ,	93725.60	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Peter Sahuc			08 12 2014
Mailing Address 107 Phillip Ave			Amount
City	State	Zip Code	8.13
Lafayette	LA	70503	Transaction ID : 96f05bca-1580-4bf0-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 12 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	93725.60	Disbursement For: Primary General 2014 Gther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	ıres		43.13
, ,			7 7 7
(b) SUBTOTAL of Unitemized Independent Expendent	ditures		•
(c) TOTAL Independent Expenditures			· · · · · · · · · · · · · · · · · · ·
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candic party committee) any political party committee or it	date or authorize		
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	9 08 14 2014
=			

Sc	chedule E)	EXI ENDI	101120				PAGE 19 OF 69 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)					FEC ID	ENTIFICATION NUMBER ▼
W	omen Speak Out PAC						C00530766
 Che	eck if 24-hour report X 48-hour report	X New repo	ort Amend	ds repoi	rt filed on	= M /	D = D / Y = Y = Y
_	Full Name of Payee				Date	of Public	Distribution/Dissemination
	Antoinette Franklin					08 /	12 2014
	Mailing Address 8822 Apple St				Amou	nt	
ŀ	City	State	Zip Code		$- \Gamma$	-	35.00
	New Orleans	LA	70188				D: d55cfb9b-e81c-4967-b rsement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001		08 /	12 / 2014
Ì	Name of Federal Candidate		Supp	nort	Office Sough	t:	House District: 00
	Ms. Mary L Landrieu		X Oppo		Preside	_	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		93725.60]	Disbursemen 2014 O	t For: ther (sp	Primary
Ì	Full Name of Payee				Date	of Public	Distribution/Dissemination
	Tammay Williams				N	M /	DID / YIYIY
	Mailing Address 924 N. Prieur St				L	08	12 2014
	924 N. Pileur St				Amou	nt	
ľ	City	State	Zip Code				60.00
	New Orleans	LA	70116		Transa Date	ction ID	0: 8a1dfcb0-f1d4-4717-a ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001	IV	08	12 / 2014
1	Name of Federal Candidate		Supp	port	Office Sough	t:	House District: 00
	Ms. Mary L Landrieu		X Oppo		Preside	ent \sum	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		93725.60]	Disbursemen 2014 O		Primary X General Decify) ▶
_							
((a) SUBTOTAL of Itemized Independent Expenditures				•		95.00
((b) SUBTOTAL of Unitemized Independent Expenditure	es			· -		1 4 1 4
((c) TOTAL Independent Expenditures				· [
٧	Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	or authorized					
	Ms. Emily Buchanan	[Electron	ically Filed]	Date	08 /	14	2014
	Signature		-				

Sc	chedule E)	EXI ENDI	101120		PAGE 20 OF 69 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC				C C00530766
Che	eck if 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	= M / D = D / Y = Y = Y
Т	Full Name of Payee			Date of	of Public Distribution/Dissemination
	Tammay Williams				08 12 2014
Ì	Mailing Address 924 N. Prieur St			Amou	nt
ŀ	City	State	Zip Code	- $ $ $ $ $ $ $ $	13.50
	New Orleans	LA	70116		action ID: 0338f6db-8528-4de7-9 of Disbursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002		08 12 7 2014
Ì	Name of Federal Candidate		Support	Office Sough	t: House District:00
	Ms. Mary L Landrieu		X Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought		93725.60	Disbursement 2014 O	t For: Primary X General ther (specify) ▶
	Full Name of Payee			Date	of Public Distribution/Dissemination
	Zachary Vidrine			IV	08 / D D / Y Y Y Y Y
1	Mailing Address 202 Rue Des Cajun			L	08 12 2014
	202 Nue Des Cajun			Amou	nt
Ì	City	State	Zip Code		30.00
	Ville Platte	LA	70586	Transa Date	oction ID: 3370835b-c68c-4c39-8 of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001	M	08 / 12 / 2014
Ì	Name of Federal Candidate		Support	Office Sough	nt: House District:00
	Ms. Mary L Landrieu		Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought		93725.60	Disbursemen 2014 O	nt For:
((a) SUBTOTAL of Itemized Independent Expenditures	3		·	43.50
((b) SUBTOTAL of Unitemized Independent Expenditure	res		· •	
((c) TOTAL Independent Expenditures			•	7
٧	Under penalty of perjury I certify that the independen with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	te or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	9 08	14 2014
	Signature		_		

Schedule E)	IN EXILIN	JII OI LO	PAGE 21 OF 69 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New re	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Zachary Vidrine			08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 202 Rue Des Cajun			Amount
City	State	Zip Code	24.00
Ville Platte	LA	70586	Transaction ID: 83940fd6-5187-4c38-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		93725.60	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
David Ford			08 12 2014
Mailing Address 106 Hillside St			Amount
City	State	Zip Code	95.00
Spindale	NC	28160	Transaction ID : 4b546751-10ea-43be-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / DD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	-,,	230157.08	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	ures		119.00
(b) SUBTOTAL of Unitemized Independent Exper	nditures		•
(c) TOTAL Independent Expenditures			•
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any cand party committee) any political party committee or	idate or authorize		
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	08
- 3			

Schedule E)	INT EXI END	TIONES	PAGE 22 O FOR SE OF FORI	
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NU	JMBER ▼
Women Speak Out PAC			C C00530766	
Check if 24-hour report X 48-hour report	New rep	port Amends repo	t filed on	Y Y Y
Full Name of Payee			Date of Public Distribution/Disser	mination
David Ford				2014
Mailing Address 106 Hillside St			Amount	
City	State	Zip Code		4.77
Spindale	NC	28160	Transaction ID: 918f1365-1745- Date of Disbursement or Obligat	
Purpose of Expenditure Mileage		Category/ Type 002		^y 2014
Name of Federal Candidate		Support	Office Sought: House District	et:00
Ms. Kay Hagan		X Oppose	President Senate State	e: NC
Calendar Year-To-Date Per Election for Office Sought		230157.08	Disbursement For: Primary ≥ 2014 Other (specify) ▶	General
Full Name of Payee			Date of Public Distribution/Disse	mination
Diane Smith				2014
Mailing Address 4006 Wolkswalk Place			Amount	
City	State	Zip Code		14.50
Raleigh	NC	27610	Transaction ID : e6144550-6aa3- Date of Disbursement or Obligat	
Purpose of Expenditure Salary		Category/ Type 001		2014
Name of Federal Candidate		Support	Office Sought: House Distric	et:00
Ms. Kay Hagan		X Oppose	President State State	_
Calendar Year-To-Date Per Election for Office Sought	, , ,	230157.08	Disbursement For: Primary 2014 Other (specify) ▶	General
(a) SUBTOTAL of Itemized Independent Expendit	ures			19.27
,,			7 7	
(b) SUBTOTAL of Unitemized Independent Expen	ditures		·	4
(c) TOTAL Independent Expenditures			·	<u> </u>
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any cand party committee) any political party committee or i	idate or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08	
-				

Schedule E)	NDITONES	PAGE 23 OF 69 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report New	report Amends report f	filed on
	/ / / / / / / / / / / / / / / / / / /	
Full Name of Payee Diane Smith		Date of Public Distribution/Dissemination 08 12 2014
Mailing Address 4006 Wolkswalk Place		Amount
City State	Zip Code	6.90
Raleigh NC	27610	Transaction ID : 58af55f9-a134-4175-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	08
Name of Federal Candidate	Support O	Office Sought: House District: 00
Ms. Kay Hagan	X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary General Other (specify) ▶
Full Name of Payee Elizabeth DeMaine		Date of Public Distribution/Dissemination
Mailing Address 75 Stephenson Ln		08 12 2014 Amount
City State Sheridan AR	Zip Code 72143	30.00 Transaction ID : fb074ebd-76bf-4023-b
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support C	Office Sought: House District: 00
Mr. Mark L Pryor	∑ Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures		36.90
(b) SUBTOTAL of Unitemized Independent Expenditures	·······	7 7 7
(c) TOTAL Independent Expenditures	,	
Under penalty of perjury I certify that the independent expendit with, or at the request or suggestion of, any candidate or author party committee) any political party committee or its agent.		
Ms. Emily Buchanan [Elec	ctronically Filed] Date	08 14 2014
Signature		

Schedule E)	LIVI EXI EIVI	STIGHTES	PAGE 24 OF 69 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New re	eport Amends repo	rt filed on
Full Name of Payee Elizabeth DeMaine			Date of Public Distribution/Dissemination
Mailing Address 75 Stephenson Ln			08 12 2014 Amount
City	State	Zip Code	18.30
Sheridan	AR	72143	Transaction ID: e9b30335-50f9-4a55-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		56651.24	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee Tylan S Green			Date of Public Distribution/Dissemination
			08 / 12 / 2014
Mailing Address 2320 Saint Nick Dr			Amount
City	State	Zip Code	30.00
New Orleans	LA	70131	Transaction ID: 09e19740-fad9-4497-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 12 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought		230157.08	Disbursement For: Primary General General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expen	ditures		48.30
(b) SUBTOTAL of Unitemized Independent Exp	enditures		
(-)			
(c) TOTAL Independent Expenditures			>
	ndidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	08
Signature			

Schedule E)	II LAPLNE	ITONES	PAGE 25 OF 69 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee Lily Green			Date of Public Distribution/Dissemination
Mailing Address 205 Medallion Circle			08 12 2014
200 11022811011 011010			Amount
City	State	Zip Code	80.00
Shreveport	LA	71119	Transaction ID: 20f80935-62ab-4d93-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 12 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , ,	93725.60	Disbursement For:
Full Name of Payee	_		Date of Public Distribution/Dissemination
Lily Green			08 12 2014
Mailing Address 205 Medallion Circle			Amount
City	State	Zip Code	18.90
Shreveport	LA	71119	Transaction ID : 119608fb-3849-40ab-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / DDD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	93725.60	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditure	es		98.90
(2) 002.01.2 01.01.1200 11.0000 11.0000 11.0000			7
(b) SUBTOTAL of Unitemized Independent Expendi	tures		·
(c) TOTAL Independent Expenditures			>
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorize		
Ms. Emily Buchanan	[Electro	nically Filed] Date	08 14 2014
Signature			

	include Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
V	Vomen Speak Out PAC	C C00530766
Ch	eck if 24-hour report X 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	Cari A Stevenson	08 12 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 12312 Summer Cemetary Rd	Amount
	City State Zip Code	10.00
	Cabot AR 72023	Transaction ID: 93481b04-0086-4ff8-8 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Mr. Mark L Pryor Oppose	President State: AR
	Calcitadi Todi To Bato	ursement For: Primary X General
	Per Election for Office Sought 2014	Other (specify)
	Full Name of Payee Cari A Stevenson	Date of Public Distribution/Dissemination
	Mailing Address 12312 Summer Cemetary Rd	08 12 2014 Amount
	O'the Order To Order	0.00
	City State Zip Code Cabot AR 72023	3.60 Transaction ID : 9315d648-6cae-457e-a
	Purpose of Expenditure Mileage Category/ Type 002	Date of Disbursement or Obligation M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate	
	Support Office	President Senate State: AR
		ursement For: Primary X General
	(a) SUBTOTAL of Itemized Independent Expenditures	Other (specify) ▶
	(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
		8 14 2014
	Signature	لستتها لتا ك

PAGE 26

OF

69

Sch	nedule E)	L/(1 L. (L.)	101120				PAGE 27 OF 69 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)					FEC II	DENTIFICATION NUMBER ▼
W	omen Speak Out PAC					С	C00530766
Ched	ck if 24-hour report X 48-hour report	New repo	ort Ame	ends repo	ort filed on	M = M /	D = D / Y = Y = Y
T	Full Name of Payee Barbara A Williams					M = M	c Distribution/Dissemination
1	Mailing Address 3002 Darden Rd				Amo	08 unt	12 2014
	Apt A		~				400.00
(,	State NC	Zip Code 27407				100.00 ID: 4f664641-ac2f-4ec7-b ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001		08 08	12 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate		s	Support	Office Soug	ht:	House District: 00
	Ms. Kay Hagan			Oppose	President Presid		Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	2	230157.08		Disburseme	nt For: Other (sp	Primary ☐ General
	Full Name of Payee Nick Berryhill Mailing Address 905 Lake Drive				Date	of Publi	c Distribution/Dissemination
					Amo	unt	
	•	State NC	Zip Code 28152		Trans	action II	62.00 D: 5c0d40ed-027b-4aea-8 ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001		M M 08	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate		S	Support	Office Soug	ıht:	House District:00
	Ms. Kay Hagan			Oppose	Presid	dent	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought		230157.08	3	Disburseme 2014	ent For: Other (sp	Primary X General
(a	a) SUBTOTAL of Itemized Independent Expenditures						162.00
(k	b) SUBTOTAL of Unitemized Independent Expenditure	;s			· -	1 7	1171171
(0	c) TOTAL Independent Expenditures				•	-	
W	Inder penalty of perjury I certify that the independent vith, or at the request or suggestion of, any candidate arty committee) any political party committee or its age	or authorized					
	Ms. Emily Buchanan	[Electron	ically Filed]	Date	08	14	2014
	Signature						

Schedule E)	ENT EXI EN	JITONES	PAGE 28 OF 69 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	rt filed on
Full Name of Payee Nick Berryhill			Date of Public Distribution/Dissemination
· ·			08 / 12 / 2014
Mailing Address 905 Lake Drive			Amount
City	State	Zip Code	39.90
Shelby	NC	28152	Transaction ID: c14a03e7-1190-4633-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	230157.08	Disbursement For: Primary General 2014 General Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Dylan Simon			08 12 2014
Mailing Address 111 Millrock Drive			Amount
City	State	Zip Code	51.67
Lafayette	LA	70508	Transaction ID: 7700b0e7-1510-4785-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 12 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		93725.60	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendent	ditures		91.57
(b) SUBTOTAL of Unitemized Independent Exp	enditures		•
(c) TOTAL Independent Expenditures			•
	ndidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	08
•			

Scł	nedule E)	EXI END	101120				PAGE 29 OF 69 FOR SE OF FORM 24/48
	IE OF COMMITTEE (In Full)					FEC II	DENTIFICATION NUMBER ▼
W	omen Speak Out PAC					С	C00530766
Che	ck if 24-hour report X 48-hour report	New repo	ort Am	nends repo	ort filed on	M = M	/ D = D / Y = Y = Y
		New Tept		ichas repo	Tr filed off		
	Full Name of Payee Dylan Simon				Da	te of Public	c Distribution/Dissemination
	Mailing Address 111 Millrock Drive				An	nount	
-	City	State	Zip Code		— I		3.63
- 1	Lafayette	LA	70508				ID: e367eca5-beef-44bc-9 ursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type	002		08	12 / 2014
Ī	Name of Federal Candidate			Support	Office So	ught:	House District: 00
	Ms. Mary L Landrieu		X	Oppose	Pre	sident	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	, , ,	93725.60		Disbursen 2014	nent For: Other (sp	Primary X General Decify) ▶
Γ	Full Name of Payee				Da	te of Publi	c Distribution/Dissemination
1	Steven Best					M M M	12 2014
ľ	Mailing Address 103 Washington Ave						
1					An	nount	
ľ	City	State	Zip Code				40.00
	Newport	NC	28570				D: 74f41889-aaee-46ff-8 ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001		08 ^M	12 / 2014
	Name of Federal Candidate			Support	Office So	ught:	House District: 00
	Ms. Kay Hagan		X	Oppose	Pre	sident	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	, ,	230157.0	8	Disburser 2014	nent For: Other (sp	Primary X General Decify) ▶
(8	a) SUBTOTAL of Itemized Independent Expenditures	S			· •		43.63
(k	o) SUBTOTAL of Unitemized Independent Expenditu	res					4 1 4
(0	c) TOTAL Independent Expenditures				•	7	
W	nder penalty of perjury I certify that the independen ith, or at the request or suggestion of, any candidate arty committee) any political party committee or its a	e or authorized					
	Ms. Emily Buchanan	[Electroni	ically Filed]	Date	M M M	/ 14	2014
	Signature		_				

Sch	edule E)	-/11 haithe.	101120				PAGE 30 OF 69 FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)					FEC ID	DENTIFICATION NUMBER ▼
Wo	men Speak Out PAC					С	C00530766
01 1			. 🗆 .			л м /	D D / Y Y Y Y
Check	k if 24-hour report X 48-hour report	X New repo	ort Ame	nds repo	rt filed on		
	ull Name of Payee Steven Best					M = M /	Distribution/Dissemination
M	lailing Address 103 Washington Ave				Amou	08 unt	12 2014
	itu.	ate	Zip Code				9.21
	,	NC	28570				D: 7216a707-9597-42f8-9 Irsement or Obligation
	urpose of Expenditure Mileage		Category/ Type	002		08	12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
N	ame of Federal Candidate		Sı	upport	Office Sough	nt:	House District:00
N	/Is. Kay Hagan			ppose	Presid	ent	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	2	30157.08		Disbursement 2014	nt For: Other (sp	Primary
	ull Name of Payee				Date	of Public	c Distribution/Dissemination
'	Mr. Alex Peyton					M M M	12 2014
N	failing Address 859 Hicks Rd				A		
					Amo	unt	
С	St St	tate	Zip Code				80.00
		LA	70589				D: 0e0fd1ca-6e41-45d5-a ursement or Obligation
	urpose of Expenditure Salary		Category/ Type	001] [08	12 / 2014
N	lame of Federal Candidate		Sı	upport	Office Soug	ht:	House District: 00
Λ	//s. Mary L Landrieu		Xo	ppose	Presid	lent	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		93725.60		Disburseme 2014	nt For: Other (sp	Primary
_							
(a)	SUBTOTAL of Itemized Independent Expenditures				· •	7	89.21
(b)	SUBTOTAL of Unitemized Independent Expenditures	\$			· • [
(c)	TOTAL Independent Expenditures				· [
witl	der penalty of perjury I certify that the independent e h, or at the request or suggestion of, any candidate o rty committee) any political party committee or its age	or authorized					
	Ms. Emily Buchanan	[Electroni	cally Filed]	Date	M M / / 08	14	/ Y Y Y Y Y Y 2014
	Signature	_	_				

Scl	nedule E)	EXI END	101120				PAGE 31 OF 69 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)					FEC II	DENTIFICATION NUMBER ▼
W	omen Speak Out PAC						C00530766
Che	ck if 24-hour report X 48-hour report	New repo	ort Ame	ends repo	rt filed on	M = M /	/ D = D / Y = Y = Y
$\overline{}$	Full Name of Payee				Dat	a of Public	c Distribution/Dissemination
	Mr. Alex Peyton					08 08	12 2014
	Mailing Address 859 Hicks Rd				Am	ount	
F	City	State	Zip Code				41.40
	Washington	LA	70589				ID: 753f7550-e34a-4b6a-b ursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type	002		M M 08	12 / 2014
ı	Name of Federal Candidate		s	Support	Office Sou	ght:	House District: 00
L	Ms. Mary L Landrieu)ppose	Pres	ident	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		93725.60		Disbursem 2014	ent For: Other (sp	Primary
Γ	Full Name of Payee				Dat	e of Publi	c Distribution/Dissemination
1	Jacob S Mann					M M M	12 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
-	Mailing Address 3875 Old Stage Rd S					00	12 2014
1					Am	ount	
ŀ	City	State	Zip Code				20.00
	Erwin	NC	28339		Tran Dat	saction II e of Disbu	D: da859a79-d2a5-4df8-8 ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001		08 08	12 / 2014
	Name of Federal Candidate		S	Support	Office Sou	ght:	House District: 00
	Ms. Kay Hagan		X	Oppose	Pres	ident	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	, , ,	230157.08	3	Disbursem 2014	ent For: Other (sp	Primary X General Decify) ▶
(a	a) SUBTOTAL of Itemized Independent Expenditures	3			. ▶		61.40
(I	b) SUBTOTAL of Unitemized Independent Expenditu	ires			•		1 1 2 1 1 2
(0	c) TOTAL Independent Expenditures				•		
W	Inder penalty of perjury I certify that the independentith, or at the request or suggestion of, any candidate arty committee) any political party committee or its a	e or authorized					
	Ms. Emily Buchanan	[Electroni	ically Filed]	Date	M = M 08	/ 14	/ Y Y Y Y Y 2014
	Signature		_				

Schedule E)	DEITI EXI EITE	TI OTILO	PAGE 32 OF 69 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour repor	t New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Jacob S Mann			08 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3875 Old Stage Rd S			Amount
City	State	Zip Code	6.90
Erwin	NC	28339	Transaction ID : 696e8571-5381-4bce-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	.,,	230157.08	Disbursement For:
Full Name of Payee			Date of Public Distribution/Dissemination
Lesley Lennox			08 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2305 Cleary Ave			Amount
City	State	Zip Code	25.00
Metairie	LA	70001	Transaction ID: 1ec0070e-b3ff-4930-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought	7	93725.60	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expe	nditures		31.90
			7 7
(b) SUBTOTAL of Unitemized Independent Ex	penditures		>
(c) TOTAL Independent Expenditures			·
	andidate or authorize		not made in cooperation, consultation, or concert either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	08 / 14 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
-			

Sche	dule E)	EXI EIVE	TOTILO		PAGE 33 OF 69 FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Won	nen Speak Out PAC				C C00530766
Check i	if 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	M
Full	I Name of Payee esley Lennox				of Public Distribution/Dissemination
	illing Address 2305 Cleary Ave				08 / 12 / 2014
	2303 Cleary Ave			Amou	int
City	y		Zip Code		2.10
	etairie	LA	70001		saction ID: 215b46a9-6419-4d2f-b of Disbursement or Obligation
	rpose of Expenditure lleage		Category/ Type 002		08 / 12 / 2014
Nar	me of Federal Candidate		Support	Office Sough	nt: House District: 00
Ms	s. Mary L Landrieu		X Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought		93725.60	Disbursemen 2014 O	nt For:
	II Name of Payee			Date	of Public Distribution/Dissemination
''	heresa A Touchet			T	08 12 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Ma	ailing Address 102 French Street #3				
				Amou	ınt
City	у	State	Zip Code		14.00
	ew Orleans	NC	70124	Transa Date	action ID: 802b728f-1861-4953-b of Disbursement or Obligation
	rpose of Expenditure alary		Category/ Type 001		08 / 12 / 2014
Nai	me of Federal Candidate		Support	Office Sough	nt: House District: 00
Ms	s. Mary L Landrieu		Oppose	Presid	
	Calendar Year-To-Date Per Election for Office Sought		93725.60	Disbursemer 2014	nt For:
(a) \$	SUBTOTAL of Itemized Independent Expenditures	s		▶	16.10
(b) \$	SUBTOTAL of Unitemized Independent Expenditu	ıres		·· •	7 1 7 1 7
(c) ¹	TOTAL Independent Expenditures			· -	7
with,	er penalty of perjury I certify that the independen , or at the request or suggestion of, any candidate y committee) any political party committee or its a	te or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	e 08	14 2014
S	Signature		_		

Schedule E)	PAGE 34 OF 69 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends	report filed on
Full Name of Payee Theresa A Touchet	Date of Public Distribution/Dissemination
Mailing Address 102 French Street #3	08 12 2014 Amount
City State Zip Code New Orleans NC 70124	0.60 Transaction ID: 8b9de5a0-aa2b-45b9-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type	002 Date of Disbursement of Congation 002 08 12 7 2014
Name of Federal Candidate Suppo	ort Office Sought: House District: 00
Ms. Mary L Landrieu Oppos	
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary
Full Name of Payee Laura U Logie	Date of Public Distribution/Dissemination
Mailing Address 2565 Shire Circle	08 12 2014 Amount
City State Zip Code	17.50
Harrisonburg VA 22801	Transaction ID : 5def5fc1-06f2-4a38-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type	001 08 / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Suppo	ort Office Sought: House District: 00
Ms. Kay Hagan Oppos	
Calendar Year-To-Date Per Election for Office Sought 230157.08	Disbursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures) 18.10
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	······································
Under penalty of perjury I certify that the independent expenditures reported herein with, or at the request or suggestion of, any candidate or authorized committee or agreement party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Signature	Date 08 / 14 / 2014

Schedule E)	INI EXI ENL	STIGHT	PAGE 35 OF 69 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Gregory Green			08 / 12 / 2014
Mailing Address 2506 Bolch Street			Amount
City	State	Zip Code	40.00
Shreveport	LA	71104	Transaction ID : dddd4d7b-bbad-469f-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 08 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		93725.60	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee	<u> </u>		Date of Public Distribution/Dissemination
Gregory Green			08 12 2014
Mailing Address 2506 Bolch Street			Amount
City	State	Zip Code	17.10
Shreveport	LA	71104	Transaction ID : 1aff24fb-5b4a-4c5e-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	· · · · · · · · · · · · · · · · · · ·	93725.60	Disbursement For: Primary General 2014 Gther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	ures		. ▶ 57.10
(b) SUBTOTAL of Unitemized Independent Expen	ditures		· •
(c) TOTAL Independent Expenditures			· • · · · · · · · · · · · · · · · · · ·
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any cand party committee) any political party committee or i	idate or authorize		
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	9 08 14 2014
•			

Schedule E)	DITUNES	PAGE 36 OF 69 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report New re	eport Amends report	filed on M M / D D / Y Y Y Y Y
Full Name of Payee Theresa a Youngblood		Date of Public Distribution/Dissemination
Mailing Address 102 S Main Street Apt A2		08 12 2014
		Amount
City State	Zip Code	40.00
Berryville VA	22611	Transaction ID: 105938d6-513f-4836-b Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	08
Name of Federal Candidate	Support C	Office Sought: House District: 00
Ms. Kay Hagan	X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		oisbursement For: Primary
Full Name of Payee	<u>'</u>	Date of Public Distribution/Dissemination
Jeffrey Hampton		08 12 2014
Mailing Address 1700 E Part Ave		Amount
City State	Zip Code	25.00
Searcy AR	72149	Transaction ID : f8b8601b-6f51-4c7b-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	08 / 12 / 2014
Name of Federal Candidate	Support	Office Sought: House District: 00
Mr. Mark L Pryor	X Oppose	President State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary General 2014 Other (specify) ▶
(a) CURTOTAL of Itamized Independent Evennditures	·	07.00
(a) SUBTOTAL of Itemized Independent Expenditures		65.00
(b) SUBTOTAL of Unitemized Independent Expenditures		·
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent expenditure with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.		
	onically Filed] Date	08 14 2014
Signature	'	

Schedule E)	IN OF INDEFERDE	IVI EXI END	HOHES		PAGE 37 OF 69 FOR SE OF FORM 24/48
NAME OF COMMITTEE	,				FEC IDENTIFICATION NUMBER ▼
Women Speak O	out PAC				C C00530766
Check if 24-hour rep	ort X 48-hour report	New rep	port Amends rep	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee Jeffrey Hampto	on			Date	e of Public Distribution/Dissemination
					08 / 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address ₁₇₀₀) E Part Ave			Amo	ount
City		State	Zip Code		12.45
Searcy		AR	72149		nsaction ID : 524142df-8779-403b-b e of Disbursement or Obligation
Purpose of Expenditu Mileage	re		Category/ Type 002		08 / 12 / 2014
Name of Federal Can	didate		Support	Office Sou	ght: House District: 00
Mr. Mark L Pryor			Oppose		ident State: AR
Calendar Year-To Per Election for		7 1 1 7	56651.24	Disburseme 2014	ent For:
Full Name of Payee				Dat	e of Public Distribution/Dissemination
Francesca Blo	m				08 12 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 10	01 Asbury Ct			Am	ount
City		State	Zip Code		85.00
Winchester		VA	22602		saction ID: bd8c7659-ef0f-4e8a-a e of Disbursement or Obligation
Purpose of Expenditu Salary	ire		Category/ Type 001		08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Car	ndidate		Support	Office Sou	ght: House District: 00
Ms. Kay Hagan			X Oppose	Pres	ident State: NC State:
Calendar Year-To Per Election for		7 7	230157.08	Disbursem 2014	ent For:
(a) SUBTOTAL of Iten	nized Independent Expenditu	ıres			97.45
					7 7 7
(b) SUBTOTAL of Uni	temized Independent Expen	ditures		··· ▶	7 7
(c) TOTAL Independen	nt Expenditures			•	7 7 7
with, or at the request		date or authorized			n cooperation, consultation, or concert if the reporting entity is not a political
Ms. Emily	Buchanan	[Electron	nically Filed] Dat	e 08	14 2014
<u>-</u>					

Schedule E)	LIVI LXI LIVL	ATTOTILES	PAGE 38 OF 69 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Timothy Foley			08 / 12 / 2014
Mailing Address 20679 Glenbrook Terrace			Amount
City	State	Zip Code	30.00
Sterling	VA	20165	Transaction ID : 0dda3df6-ac68-44cc-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		230157.08	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Lisa Booth			08 12 2014
Mailing Address 1434 South Avenue			Amount
City	State	Zip Code	95.00
Eden	NC	27288	Transaction ID: 698694c3-9127-406c-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 12 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 7	230157.08	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendent	litures		. 125.00
			7 7 7
(b) SUBTOTAL of Unitemized Independent Expo	enditures		>
(c) TOTAL Independent Expenditures			•
	didate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	08
-			

Scl	hedule E)	XI LIVE	TOTILO				PAGE 39 OF 69 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)					FEC II	DENTIFICATION NUMBER ▼
W	omen Speak Out PAC					С	C00530766
Che	eck if 24-hour report X 48-hour report	New repo	ort Am	ends repo	ort filed on	M = M	/ D = D / Y = Y = Y
T	Full Name of Payee Lisa Booth				Dat		c Distribution/Dissemination
-	Mailing Address 1434 South Avenue					08	12 2014
l					Am	ount	
	City Sta		Zip Code				12.00
	Eden No.	C	27288				ID: b1d6ebe7-436c-430d-a ursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type	002		08	12 / 2014
ı	Name of Federal Candidate		<u>'</u>	Support	Office Sou	ight:	House District: 00
	Ms. Kay Hagan			Oppose		_	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	2	230157.08		Disbursem 2014	ent For: Other (sp	Primary ⊠ General
ľ	Full Name of Payee				Dat		ic Distribution/Dissemination
	Christopher Marquess					08	/ D D / Y Y Y Y Y Y Y 12 2014
1	Mailing Address 110 W Pecan St					00	12 2014
					Am	ount	
ľ	City Sta	ate	Zip Code				65.00
	Ville Platte L	_A	70586		Tran Dat	nsaction II te of Disb	D: fb1ba350-cb41-406d-b ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001		08	12 2014
ľ	Name of Federal Candidate			Support	Office Sou	ıght:	House District: 00
	Ms. Mary L Landrieu			Oppose	Pres	sident	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		93725.6	0	Disbursem 2014	nent For: Other (sp	Primary
(6	a) SUBTOTAL of Itemized Independent Expenditures			•••••	•		77.00
(1	b) SUBTOTAL of Unitemized Independent Expenditures				. •		
(0	c) TOTAL Independent Expenditures				•		1171171
W	Under penalty of perjury I certify that the independent exith, or at the request or suggestion of, any candidate or arty committee) any political party committee or its agen	r authorized					
	Ms. Emily Buchanan	[Electroni	ically Filed]	Date	e 08	/ 14	2014
	Signature						

NAME OF COMMITTEE (In Full) Women Speak Out PAC	ATION NUMBER -
vvomen Speak Out PAC	ATION NUMBER V
C C005307	766
Check if 24-hour report X 48-hour report New report Amends report filed on	/
Full Name of Payee Date of Public Distribu	ition/Dissemination
Christopher Marquess 08 / 12	2014
Mailing Address 110 W Pecan St Amount	
City State Zip Code	28.20
Ville Platte LA 70586 Transaction ID : d07at Date of Disbursement	08cb-3dc3-4419-8
Purpose of Expenditure Mileage Category/ Type O02 M M M O8 12	
Name of Federal Candidate Support Office Sought: House	e District: 00
Ms. Mary L Landrieu	
Calendar Year-To-Date Per Election for Office Sought Disbursement For: □ Print 2014 □ Other (specify) ▶	mary X General
Full Name of Payee Date of Public Distribu	ution/Dissemination
Bradley K Kissinger	/ Y Y Y Y Y Y 2014
Mailing Address 3113 Imperial Valley Dr. Amount	
City State Zip Code	35.00
Little Rock AR 72212 Transaction ID : da468 Date of Disbursement	sce6-8981-48a2-b
Purpose of Expenditure Salary Category/ Type O01 08 / D10 08 / D10 12	
Name of Federal Candidate Support Office Sought: House	e District: 00
Mr. Mark L Pryor Mr. Mark L Pryor Oppose President Senat	
Calendar Year-To-Date Per Election for Office Sought Disbursement For: □ Pring 2014 Other (specify) ▶	mary X General
(a) SUBTOTAL of Itemized Independent Expenditures	63.20
(b) SUBTOTAL of Unitemized Independent Expenditures	7
(c) TOTAL Independent Expenditures	7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, cons with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting ent party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 08 14	2014

Sch	edule E)	EXI EIVE	101120				PAGE 41 OF	
	E OF COMMITTEE (In Full)					FEC ID	ENTIFICATION NU	
Wc	omen Speak Out PAC					C	C00530766	
						M M /	D D / Y Y	/
Chec	k if 24-hour report X 48-hour report	X New repo	ort Ame	ends repo	rt filed on		<u> </u>	
	full Name of Payee Bradley K Kissinger				Da	te of Public	Distribution/Dissen	nination
N	Mailing Address 3113 Imperial Valley Dr.					08		014
ı	- Of to important valley Dr.				An	nount		
C	City	State	Zip Code			1 1 0		6.00
		AR	72212				D: eaa00fb0-0ce7-	
	Purpose of Expenditure Mileage		Category/ Type	002		08		2014
I	lame of Federal Candidate		S	Support	Office So	ught:	House District	:00
	Mr. Mark L Pryor		Xc)ppose	Pre	sident	Senate State	: _AR
	Calendar Year-To-Date Per Election for Office Sought		56651.24		Disburser 2014	ment For: Other (sp		General
	Full Name of Payee				Da	ate of Public	Distribution/Dissen	nination
	ERIC TABARY					08		Y
	Mailing Address 6101 NORA ST					06	12 2	2014
ı	- CIGINGIA CI				Ar	mount		
	Dity	State	Zip Code					65.00
	METAIRIE	LA	70003				: 2987c573-1e5f-4 ursement or Obligati	
	Purpose of Expenditure Salary		Category/ Type	001		08		2014
1	Name of Federal Candidate		S	Support	Office So	ught:	House District	t: <u>00</u>
	Ms. Mary L Landrieu		X	Oppose	Pre	esident	Senate State	e:
l	Calendar Year-To-Date Per Election for Office Sought		93725.60		Disburser 2014	ment For: Other (sp		General
_						•		
(a) SUBTOTAL of Itemized Independent Expenditures				•		7	1.00
(b) SUBTOTAL of Unitemized Independent Expenditure	es						
(с) TOTAL Independent Expenditures				•		35	
wi	nder penalty of perjury I certify that the independent th, or at the request or suggestion of, any candidate arty committee) any political party committee or its age	or authorized						
	Ms. Emily Buchanan	[Electroni	ically Filed]	Date	M M M	/ 0 0 14	2014	1
	Signature		_					4

Schedule E)	LIVI EXI EIVI	DITORLO	PAGE 42 OF 69 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New re	eport Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
ERIC TABÁRY			08 / 12 / 2014
Mailing Address 6101 NORA ST			Amount
City	State	Zip Code	1.50
METAIRIE	LA	70003	Transaction ID : 5091dd6f-7bbc-420a-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 12 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	.,,	93725.60	Disbursement For: Primary General 2014 Gther (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Petrina Williams			08 12 2014
Mailing Address 3007 Darden Rd			Amount
City	State	Zip Code	100.00
Greensboro	NC	27407	Transaction ID : 704e5fa2-b44a-4eaf-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 12 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		230157.08	Disbursement For: Primary General 2014 Gther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expen	ditures		. • 101.50
(a) 000101112 of nonnegative masperiation 2.1po.			7 7 7
(b) SUBTOTAL of Unitemized Independent Exp	enditures		•
(c) TOTAL Independent Expenditures			·
	ndidate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	08 14 2014
S.g. accio			

Schedule E)	IVI EXI END	TIONES	PAGE 43 OF 69 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee Petrina Williams			Date of Public Distribution/Dissemination
Mailing Address 3007 Darden Rd			08 12 2014 Amount
City Greensboro	State NC	Zip Code 27407	22.80 Transaction ID : 16fac921-4c11-4de7-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	· · · · · ·	230157.08	Disbursement For: Primary General Qu14 Other (specify) ▶
Full Name of Payee Phillip Williams	_		Date of Public Distribution/Dissemination
Mailing Address 3007 Darden Rd			08 12 2014 Amount
City	State	Zip Code	85.00
Greensboro	NC	27407	Transaction ID : c27e5df6-6991-4f66-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 12 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, ,	230157.08	Disbursement For: Primary General 2014 General
(a) SUBTOTAL of Itemized Independent Expendit	ures		107.80
(b) SUBTOTAL of Unitemized Independent Expen	ditures		
(c) TOTAL Independent Expenditures			
			7 7 7
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or i	date or authorize		
Ms. Emily Buchanan	[Electron	nically Filed] Date	08 14 2014
Signature			

NAME OF COMMITTEE (In Full) Women Speak Out PAC C C00530766 Check if 24-hour report	Y = Y = Y = Y
C C00530766 Check if 24-hour report X 48-hour report New report Amends report filed on Date of Public Distribution	n/Dissemination
Check if 24-hour report 48-hour report New report Amends report filed on Date of Public Distribution	/ Y = Y = Y
	/ Y = Y = Y
Phillip Williams	2014
Mailing Address 3007 Darden Rd Amount	
City State Zip Code Greensboro NC 27407 Transaction ID : 0ba583t	
Purpose of Expenditure Mileage Category/ Type O02 Date of Disbursement or 08 12	Obligation 2014
Name of Federal Candidate Support Office Sought: House	District: 00
Ms. Kay Hagan Ms. Kay Hagan Oppose President Senate	State: NC
Calendar Year-To-Date Per Election for Office Sought Disbursement For: □ Primar 2014 □ Other (specify) ▶ □	ry X General
Full Name of Payee Beverly Williams Date of Public Distribution	n/Dissemination
Mailing Address 3007 Darden Rd Amount	2014
City State Zip Code Greensboro NC 27407 Transaction ID : 273842a9 Date of Disbursement or	
Purpose of Expenditure Salary Category/ Type O01 08 / D D 08 12	/ Y Y Y Y Y 2014
Name of Federal Candidate Support Office Sought: House	District:00
Ms. Kay Hagan	State: NC
Calendar Year-To-Date Per Election for Office Sought 230157.08 Disbursement For: □ Primar 2014 □ Other (specify) ▶ □	ry X General
(a) SUBTOTAL of Itemized Independent Expenditures	106.60
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consult with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity party committee) any political party committee or its agent.	
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Schedule E)	DENT EXICIO	HONES	<u> </u>	GE 45 OF 69 R SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDEN	TIFICATION NUMBER ▼
Women Speak Out PAC			C C00	530766
Check if 24-hour report X 48-hour repo	rt New rep	port Amends repo	rt filed on	/ Y = Y = Y
Full Name of Payee Jessica Habakjian			M = M / E	stribution/Dissemination
Mailing Address 4193 W. Lang St			08 Amount	12 2014
0.1	01-1-	7:- 0-1-		20.00
City Farmville	State NC	Zip Code 27828	Transaction ID : 4 Date of Disburser	20.00 4251e964-dd29-49e1-a
Purpose of Expenditure Salary		Category/ Type 001		12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	<u> </u>	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, , , ,	230157.08	Disbursement For: 2014 Other (specify	Primary
Full Name of Payee Jessica Habakjian				stribution/Dissemination
Mailing Address 4193 W. Lang St			08 Amount	12 2014
			Amount	
City Farmville	State NC	Zip Code 27828		4.50 932ab10-db80-4be5-9
Purpose of Expenditure Mileage		Category/ Type 002		ment or Obligation
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Support Oppose	•	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	,	230157.08	Disbursement For: 2014 Other (specify	Primary
(a) SUBTOTAL of Itemized Independent Expe	enditures		•	24.50
(b) SUBTOTAL of Unitemized Independent E	vnandituras		7	7
(b) SOBTOTAL OF ORIGINATIVE INDEPENDENCE	xperialitates		-	4
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the ind with, or at the request or suggestion of, any oparty committee) any political party committee	candidate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08 / D = D /	2014

Schedule E)	IN EXILIE	ATOTILO	PAGE 46 OF 69 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	rt filed on
Full Name of Payee Francis Richardson			Date of Public Distribution/Dissemination
Mailing Address 220 Doucet Rd			08 / 12 / 2014
220 Doucet Nu			Amount
City	State	Zip Code	35.00
Lafayette	LA	70503	Transaction ID: b080ce1b-b42c-4232-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		93725.60	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Francis Richardson			08 12 2014
Mailing Address 220 Doucet Rd			Amount
City	State	Zip Code	4.80
Lafayette	LA	70503	Transaction ID: ef441df3-20a0-4bf7-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		93725.60	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendi	tures		39.80
			7 7 7
(b) SUBTOTAL of Unitemized Independent Exper	nditures		>
(c) TOTAL Independent Expenditures			•
	lidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	08
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Schedule E)	IVI EXI ENL	DITOTILO	PAGE 47 OF 69 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	ort filed on
Full Name of Payee	<u></u>		Date of Public Distribution/Dissemination
Patrice Wolfe			08 12 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 9909 Treasure Hill Rd			Amount
City	State	Zip Code	21.50
Little Rock	AR	72205	Transaction ID: 6d9526e7-df7a-4d91-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	, ,	56651.24	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee	<u> </u>		Date of Public Distribution/Dissemination
Patrice Wolfe			08 12 / Y Y Y Y Y Y
Mailing Address 9909 Treasure Hill Rd			Amount
City	State	Zip Code	4.50
Little Rock	AR	72205	Transaction ID: 7676212e-3ded-4441-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 12 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President State: AR
Calendar Year-To-Date Per Election for Office Sought	· · · · · · · · · · · · · · · · · · ·	56651.24	Disbursement For: Primary General General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	ures		▶ 26.00
(b) SUBTOTAL of Unitemized Independent Exper	ditures		· •
(c) TOTAL Independent Expenditures			
	idate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	e 08 / 14 / 2014
-			

Schedul	e E)	II EXI END			PAGE 48 OF 69 FOR SE OF FORM 24/48
	COMMITTEE (In Full)			ı	FEC IDENTIFICATION NUMBER ▼
Wome	n Speak Out PAC				C C00530766
Check if	24-hour report X 48-hour report	New rep	port Amends repo	ert filed on	M / D = D / Y = Y = Y
		✓ Mew teh	Off Allienus lebo	ort illed on	
	ame of Payee niqua Jackson			M	F Public Distribution/Dissemination 10
Mailing	Address 111 Westchester Blvd			Amoun	
211	Apt D4				10.00
City Slidell		State LA	Zip Code 70458		43.00 ction ID : a4ed1860-1116-419e-b
Purpos Salary	se of Expenditure		Category/ Type 001	М	f Disbursement or Obligation 08
Name	of Federal Candidate		Support	Office Sought:	House District: 00
Ms. M	ary L Landrieu		X Oppose	Presider	
_	alendar Year-To-Date er Election for Office Sought	7 7	93725.60	Disbursement 2014 Oth	For: Primary
Keni	ame of Payee ny Wallis			M	f Public Distribution/Dissemination
Mailing	g Address 6412 Osage Dr			Amoun	t
City		State	Zip Code		70.00
	Little rock	AR	72116	Transac Date of	ction ID: d68b3e34-9e5f-46c9-8 f Disbursement or Obligation
Salary	se of Expenditure y		Category/ Type 001		08 / 12 / Y Y Y Y
Name	of Federal Candidate		Support	Office Sought	: House District: 00
Mr. Ma	ark L Pryor		X Oppose	Preside	
	alendar Year-To-Date er Election for Office Sought	7	56651.24	Disbursement 2014 Ott	For: Primary X General her (specify) ▶
(a) SUE	STOTAL of Itemized Independent Expenditure	'es			113.00
(b) SUE	STOTAL of Unitemized Independent Expend	itures		· .	4
(c) TOT	FAL Independent Expenditures			•	
with, or	penalty of perjury I certify that the independ at the request or suggestion of, any candid ommittee) any political party committee or its	ate or authorized			
	Ms. Emily Buchanan	[Electron	nically Filed] Date	9 08	14 2014
Sign	ature		_	ا لسا	

Schedule E)	PAGE 49 OF 69 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends	report filed on
Full Name of Payee	Date of Public Distribution/Dissemination
Kenny Wallis	08 / 12 / Y Y Y Y Y
Mailing Address 6412 Osage Dr	Amount
City State Zip Code	10.65
North Little rock AR 72116	Transaction ID: a6aa368e-d318-4b0f-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type	002 Date of Disduscribit of Congation 002 V Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Suppor	rt Office Sought: House District: 00
Mr. Mark L Pryor Dppose	
Calendar Year-To-Date Per Election for Office Sought 56651.24	Disbursement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
Cassidy Quartararo	08 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 632 Cameron Court	Amount
City State Zip Code	25.00
Kenner LA 70065	Transaction ID: daab0cd4-6815-4949-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type	001 08 12 2014
Name of Federal Candidate Suppo	rt Office Sought: House District: 00
Ms. Mary L Landrieu Oppos	e President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 93725.60	Disbursement For: Primary General 2014 Gther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	35.65
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	······· >
Under penalty of perjury I certify that the independent expenditures reported herein w with, or at the request or suggestion of, any candidate or authorized committee or age party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Signature	Date 08 / 14 / 2014

Sch	edule E)	EXI END	101120		PAGE 50 OF 69 FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wo	men Speak Out PAC				C C00530766
<u> </u>	<u> </u>		. 🗆 .		M = M / D = D / Y = Y = Y
Check	k if 24-hour report X 48-hour report	New repo	ort Amends re	eport filed	on
	ull Name of Payee Cassidy Quartararo				Date of Public Distribution/Dissemination
M	lailing Address 632 Cameron Court				Amount
С	ity	State	Zip Code		8.01
	Kenner	LA	70065		Transaction ID : e977bdfc-440f-4c0a-b Date of Disbursement or Obligation
	urpose of Expenditure Mileage		Category/ Type 00	02	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
N	ame of Federal Candidate		Support	Office	Sought: House District: 00
N	/Is. Mary L Landrieu		X Oppose		President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	, , ,	93725.60	Disbur 2014	resement For: Primary General Other (specify) ▶
	ull Name of Payee				Date of Public Distribution/Dissemination
'	Lee R Carter				08 12 2014
N	Mailing Address 3110 Brentwood Rd				لىنىا لىا لنا
					Amount
С	City	State	Zip Code		40.00
	Raleigh	NC	27604		Transaction ID : 7ebcf722-a8f4-4c92-8 Date of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 00)1	08 / 12 / Y Y Y Y Y Y Y
N	lame of Federal Candidate		Support	Office	Sought: House District: 00
٨	/s. Kay Hagan		X Oppose		President State: NC State:
	Calendar Year-To-Date Per Election for Office Sought	, , ,	230157.08	Disbui 2014	rsement For: Primary ⊠ General Other (specify) ▶
				,	
(a)	SUBTOTAL of Itemized Independent Expenditures	5		····· >	48.01
(b)	SUBTOTAL of Unitemized Independent Expenditu	ires		····· >	1 7 1 7 1 7
(c)	TOTAL Independent Expenditures			······ >	
witl	der penalty of perjury I certify that the independent, or at the request or suggestion of, any candidate try committee) any political party committee or its a	e or authorized			
	Ms. Emily Buchanan	[Electroni	ically Filed] Da	ate 08	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature				

Sche	edule E)	EXI ENDI	TOTILO				PAGE 51 OF 69 FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)					FEC ID	DENTIFICATION NUMBER ▼
Woı	men Speak Out PAC					С	C00530766
Check	if 24-hour report X 48-hour report	New repo	ort Ameno	ds repor	rt filed on	= M /	D = D / Y = Y = Y
Fu	ull Name of Payee				Date	of Public	Distribution/Dissemination
L	Lee R Carter					08 /	12 / 2014
Mi	ailing Address 3110 Brentwood Rd				Amou	nt	
Ci	ity	State	Zip Code				7.80
	aleigh	NC	27604				D: 49368a9f-a0a8-4651-8 ursement or Obligation
	urpose of Expenditure Mileage		Category/ Type	002		08	12 / 2014
Na	ame of Federal Candidate		Sup	port	Office Sough	t:	House District:00
М	ls. Kay Hagan		Х Орр		Preside	_	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	2	230157.08		Disbursemen 2014 O	t For: ther (sp	Primary
	ull Name of Payee				Date	of Public	c Distribution/Dissemination
1	Marysol Netro					08 /	12 2014
M	lailing Address 312 S Gunter St						12 1200
					Amou	nt	
Ci	ity	State	Zip Code				30.00
	Siloam Springs	AR	72761		Transa Date	of Disbu	D: 278a9ddd-7051-4646-b ursement or Obligation
	urpose of Expenditure Salary		Category/ Type	001		08	12 / 2014
Na	ame of Federal Candidate		Sup	port	Office Sough	nt:	House District: 00
M	fr. Mark L Pryor		X Opp		Presid	ent \sum	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		56651.24		Disbursemer 2014 C		Primary X General Decify) ▶
(a)	SUBTOTAL of Itemized Independent Expenditures.				•		37.80
(b)	SUBTOTAL of Unitemized Independent Expenditure	es			•	-	
(c)	TOTAL Independent Expenditures				.		
with	der penalty of perjury I certify that the independent n, or at the request or suggestion of, any candidate ty committee) any political party committee or its ac	or authorized					
	Ms. Emily Buchanan	[Electron:	ically Filed]	Date	08 /	14	2014
	Signature		_				

Schedule E)	IN EXILIN	ON ONES	PAGE 52 OF 69 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New re	port Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Marysol Netro			08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 312 S Gunter St			Amount
City	State	Zip Code	2.40
Siloam Springs	AR	72761	Transaction ID : 6b374759-ae01-4bd4-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 12 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		56651.24	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
James Tatro			08 / 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1208 Braeburn Rd			Amount
City	State	Zip Code	50.00
Charlotte	NC	28211	Transaction ID : 510f89cb-037a-4ada-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 12 / Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		230157.08	Disbursement For: Primary General 2014 Gther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	ures		. > 52.40
(I) OUDTOTAL (III II I	19		
(b) SUBTOTAL of Unitemized Independent Exper	iditures		.)
(c) TOTAL Independent Expenditures			•
	idate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	08
- 3			

Schedule E)	JENT EXI END	THORIES	PAGE 53 OF 69 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
James Tatro			08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1208 Braeburn Rd			Amount
City	State	Zip Code	5.70
Charlotte	NC	28211	Transaction ID: 4a60c892-6c44-4dd2-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 12 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		230157.08	Disbursement For:
Full Name of Payee			Date of Public Distribution/Dissemination
Chris McCoy			08 12 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1025 Cayley Ct			Amount
City	State	Zip Code	92.50
High Point	NC	27260	Transaction ID: b3503e3d-3e03-4e64-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 12 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		230157.08	Disbursement For: Primary General
(a) SUBTOTAL of Itemized Independent Exper	nditures		98.20
(b) SUBTOTAL of Unitemized Independent Ex	penditures		>
(c) TOTAL Independent Expenditures			>
	andidate or authorize		not made in cooperation, consultation, or concert either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	08 / 14 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
•			

Schedule E)	I ENDENT EXI END	101120		PAGE 54 OF 69 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
			M M	/ D D / Y Y Y Y
Check if 24-hour report X 48-hour	r report New repo	ort Amends repo	rt filed on	
Full Name of Payee Chris McCoy			Date of Publi	c Distribution/Dissemination
Mailing Address 1025 Cayley Ct			08	12 2014
			Amount	
City	State	Zip Code		14.70
High Point	NC	27260		ID: e8b06981-f6d7-4ab2-b ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M M 08	12 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	2	30157.08	Disbursement For: 2014 Other (sp	Primary ☐ General Decify) ►
Full Name of Payee			Date of Publi	c Distribution/Dissemination
Christine Stevens			08	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 100 Asbury Ct				
			Amount	
City	State	Zip Code		80.00
Winchester	VA	22602		D: 207ef32f-179d-46b8-a ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 08	12 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	230157.08	Disbursement For: 2014 Other (sp	Primary X General Decify) ▶
(a) SUBTOTAL of Itemized Independent	t Expenditures		•	94.70
(b) SUBTOTAL of Unitemized Independ	lent Expenditures		. >	47
(c) TOTAL Independent Expenditures				
, ,			•	7 7
Under penalty of perjury I certify that the with, or at the request or suggestion of, party committee) any political party com-	any candidate or authorized			
Ms. Emily Buchanan	[Electroni	ically Filed] Date	08 14	/ Y Y Y Y Y Y Y 2014
Signature				

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report	M = M / D = D / Y = Y = Y
	Date of Public Distribution/Dissemination
Rodney O Culbreath	08 / D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 100 Asbury Ct	mount
City State Zip Code	80.00
Winchester VA 22602 T	ransaction ID: 8e7752e4-d581-428a-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	08 / 12 / 2014
Name of Federal Candidate Support Office So	ought: House District: 00
Ms. Kay Hagan Oppose Pr	resident State: NC
Calendar Year-To-Date Per Election for Office Sought Disburse 230157.08 Disburse 2014	ement For: Primary X General
	Other (specify)
Full Name of Payee Rodney D Culbreth	Date of Public Distribution/Dissemination
Mailing Address 100 Asbury CT	08 12 2014
3200 Dam Neck Rd	Amount
City State Zip Code	80.00
	ansaction ID : e1e822c9-421f-4dc1-a Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type O01	M 08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office S	Sought: House District: 00
Ms. Kay Hagan Oppose Pr	resident State: NC
Calendar Year-To-Date Per Election for Office Sought Disburse 2014	ement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	160.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, o party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 08	14 2014
Signature	لسنسا لسا ا

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OF

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Schedule E)	VDENT EXPEND	ITORLS	PAGE 56 OF 69 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour rep	ort New rep	ort Amends repo	rt filed on
Full Name of Payee Rze Culbreath			Date of Public Distribution/Dissemination
Mailing Address 100 Asbury Ct			08 12 2014
			Amount
City Winchester	State VA	Zip Code 22602	80.00 Transaction ID : 68022fcb-cf63-40b0-a
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 08 12 2014
Name of Federal Candidate		0	Office Sought: House District: 00
Ms. Kay Hagan		Support Oppose	Office Sought: House District: 00 President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		230157.08	Disbursement For: Primary
Full Name of Payee	-		Date of Public Distribution/Dissemination
Jon E Conner			08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 100 Asbury Ct			Amount
City	State	Zip Code	60.00
Winchester	VA	22602	Transaction ID : 2f9f359c-269c-4e54-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 12 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	,	230157.08	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) CURTOTAL of Itamized Independent Fig.	anditura		440.00
(a) SUBTOTAL of Itemized Independent Exp	oenaitures		140.00
(b) SUBTOTAL of Unitemized Independent E	Expenditures		>
(c) TOTAL Independent Expenditures			•
	candidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	08
•			

Sch	edule E)	XI	TOTILO				PAGE 57 OF 69 FOR SE OF FORM 24/48
	E OF COMMITTEE (In Full)					FEC II	DENTIFICATION NUMBER ▼
Wo	omen Speak Out PAC					С	C00530766
Chec	k if 24-hour report X 48-hour report	New repo	ort Am	ends repo	rt filed on	M = M /	/ D = D / Y = Y = Y
		Trew repo	, , , , , , , , , , , , , , , , , , ,		11 11100 011		
	Full Name of Payee Eleanor McCoy				Da	te of Publi	c Distribution/Dissemination
N	Mailing Address 4902 Catawba Dr				Am	nount	
	Dity Sta	te	Zip Code				105.00
- 1	Greensboro N	С	27407				ID: 11941c4a-a58b-43e0-9 ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001		08 08	12 / 2014
١	Name of Federal Candidate			Support	Office Sou	ught:	House District: 00
	Ms. Kay Hagan			Oppose	Pre	sident	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	2	30157.08		Disbursen 2014	nent For: Other (sp	Primary
	Full Name of Payee				Da	te of Publi	c Distribution/Dissemination
Т	Eleanor McCoy					08	12 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
1	Mailing Address 4902 Catawba Dr					00	12 2014
Т					An	nount	
-	Dity Sta	ite	Zip Code				21.30
	Greensboro N	С	27407		Tra	nsaction II te of Disbu	D: 2188e232-985c-4353-a ursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type	002		08	12 2014
1	Name of Federal Candidate			Support	Office So	ught:	House District: 00
	Ms. Kay Hagan		X	Oppose	Pre	sident	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought		230157.08	8	Disburser 2014	nent For: Other (sp	Primary X General Decify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures				•		126.30
(b) SUBTOTAL of Unitemized Independent Expenditures				· • [1 4 1 4
(с) TOTAL Independent Expenditures				•		
wi	nder penalty of perjury I certify that the independent ex th, or at the request or suggestion of, any candidate or urty committee) any political party committee or its agen	authorized					
	Ms. Emily Buchanan	[Electroni	ically Filed]	Date	M = M 08	/ 14	/ Y Y Y Y Y Y 2014
	Signature		_	_ 5.10			

Sc	hedule E)	PAGE 58 OF 69 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC	C C00530766
Che	eck if 24-hour report X 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
Т	Full Name of Payee Do	ate of Public Distribution/Dissemination
	Danielle McCoy	08 / 12 / 2014
	Mailing Address 1025 Cayley Ct	mount
ŀ	City State Zip Code	87.50
	High Point NC 27260 Ti	ransaction ID : 667a4490-9cc2-4fde-8 ate of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Ì	Name of Federal Candidate Support Office So	ought: House District: 00
	Ms Kay Hagan	esident Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought Disburse 230157.08	ment For:
		ate of Public Distribution/Dissemination
Ì	Danielle McCoy	08 12 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ľ	Mailing Address 1025 Cayley Ct	00 12 2014
Ì		mount
-	City State Zip Code	19.20
	D D	ansaction ID: 1d7d704c-e53f-44f4-a late of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	08 / 12 / 2014
Ì	Name of Federal Candidate Support Office So	ought: House District: 00
	Ms Kay Hagan	resident Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought Disburse 230157.08	ement For: Primary X General Other (specify) ▶
((a) SUBTOTAL of Itemized Independent Expenditures	106.70
((b) SUBTOTAL of Unitemized Independent Expenditures	
((c) TOTAL Independent Expenditures	7 7 7
٧	Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date 08	14 2014
	Signature	

Schedule E)	PENT EXTEND	TIONES	PAGE 59 OF 69 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Ms. Tonya Boyd			08 / D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2357 Fancy Cap Rd			Amount
City	State	Zip Code	80.00
Mt. Airy	NC	27030	Transaction ID: 50a2cfe6-5471-4e8b-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	230157.08	Disbursement For:
Full Name of Payee			Date of Public Distribution/Dissemination
Ms. Tonya Boyd			08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2357 Fancy Cap Rd			Amount
City	State	Zip Code	28.50
Mt. Airy	NC	27030	Transaction ID : ab249b7f-4ca9-421b-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 12 / Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought	7	230157.08	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Exper	ditures		108.50
			77- 17-
(b) SUBTOTAL of Unitemized Independent Exp	enditures		•
(c) TOTAL Independent Expenditures			•
	ndidate or authorize		not made in cooperation, consultation, or concert feither, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08 14 2014
- 3			

Schedule E)	INI EXI EN	JII OI LO	PAGE 60 OF 69 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	ort filed on
Full Name of Payee Sarinda S Dudley			Date of Public Distribution/Dissemination
Mailing Address 4367 Splitlog Rd			08 12 2014 Amount
			Amount
City	State	Zip Code	20.00
Goodman	MO	64843	Transaction ID: 2a849e24-47d3-4595-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		56651.24	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Sarinda S Dudley			08 12 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4367 Splitlog Rd			Amount
City	State	Zip Code	25.50
Goodman	МО	64843	Transaction ID: c8ad8398-5b9b-4f5e-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 12 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	.,,	56651.24	Disbursement For: Primary General 2014 Gther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expend	itures		45.50
			7 7 7
(b) SUBTOTAL of Unitemized Independent Expe	nditures		· -
(c) TOTAL Independent Expenditures			
	didate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	08 14 2014
Signature			

Schedule E)	LIVI EXI EN	DITORILO	PAGE 61 OF 69 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New re	eport Amends repo	rt filed on
Full Name of Payee Alexa S Dudley			Date of Public Distribution/Dissemination
Mailing Address 4367 Splitlog Rd			08 12 2014 Amount
City	State	Zin Codo	20.00
Goodman	MO	Zip Code 64843	Transaction ID: 99eee8f1-8ac7-4c27-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		56651.24	Disbursement For:
Full Name of Payee Elizabeth Hanks			Date of Public Distribution/Dissemination
Mailing Address 891 W. Melmar			08 12 2014
			Amount
City	State	Zip Code	50.00
Fayetteville Purpose of Expenditure	AR	72703	Transaction ID : 341b6f0a-50c6-48f6-9 Date of Disbursement or Obligation
Salary		Category/ Type 001	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		56651.24	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendent	litures		70.00
(b) SUBTOTAL of Unitemized Independent Expe	enditures		
			7 7 7
(c) TOTAL Independent Expenditures			>
	didate or authoriz		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electr	onically Filed] Date	08 / 14 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
5.g.iataro			

Schedule E)	DENT EXTEN	ON ONES	PAGE 62 OF 69 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	rt New re	port Amends repo	rt filed on
Full Name of Payee Elizabeth Hanks			Date of Public Distribution/Dissemination
Mailing Address 891 W. Melmar			08 12 2014 Amount
City	State	Zip Code	14.70
Fayetteville	AR	72703	Transaction ID : 63311a38-b3ff-4fb6-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		56651.24	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee James E Dacus			Date of Public Distribution/Dissemination
Mailing Address 117 Cynthia Ave			08 12 2014 Amount
			Amount
City	State AR	Zip Code	20.00 Transaction ID : b60d5ae2-65da-45e7-9
Farmington Purpose of Expenditure	AK	72730	Date of Disbursement or Obligation
Salary		Category/ Type 001	08 / 12 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		Oppose	President State: AR
Calendar Year-To-Date Per Election for Office Sought		56651.24	Disbursement For: Primary General 2014 Gther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expe	nditures		34.70
(b) SUBTOTAL of Unitemized Independent Ex	penditures		· •
(c) TOTAL Independent Expenditures			•
	andidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
9			

Schedule E)	JENT EXILINE	TIONES	PAGE 63 OF 69 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on
Full Name of Payee Shantal C Culbreath			Date of Public Distribution/Dissemination
Mailing Address 4691 Hercules Lane			08 12 2014
			Amount
City	State	Zip Code	30.00
Woodbridge	VA	22193	Transaction ID: e7a89c8c-4880-4158-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 12 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		230157.08	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Reagan Brackett			08 12 2014
Mailing Address 502 E Center Ave			Amount
City	State	Zip Code	40.00
Searcy	AR	72143	Transaction ID: 0108ccd8-c758-4685-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 12 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		56651.24	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Exper	nditures		70.00
(b) SUBTOTAL of Unitemized Independent Ex	oenditures		•
(c) TOTAL Independent Expenditures			•
	andidate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08 14 2014
J.g			

Sche	edule E)	EXI EIVE	101120				PAGE 64 OF 69 FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)					FEC ID	DENTIFICATION NUMBER ▼
Wo	men Speak Out PAC						C00530766
Check	if 24-hour report X 48-hour report	X New repo	ort Amen	ds repo	rt filed on	M M /	D D / Y Y Y Y Y
	ull Name of Payee Amelia Brackett				_		Distribution/Dissemination
	ailing Address 804 Roundabout Circle				[08	12 / 2014
L	oo i i comunication on on				Amo	unt	
C	•		Zip Code				40.00
		AR	72143				D: 5af38b44-90a9-44e9-9 ursement or Obligation
	urpose of Expenditure Salary		Category/ Type	001] [08	12 / Y Y Y Y Y Y
N	ame of Federal Candidate		Sup	oport	Office Soug	ht:	House District: 00
M	fr. Mark L Pryor		X Opp	pose	Presid	dent	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		56651.24		Disburseme 2014	nt For: Other (sp	Primary
	ull Name of Payee				Date	of Public	c Distribution/Dissemination
'	Amelia Brackett					M M M /	12 2014
M	lailing Address 804 Roundabout Circle						.2 .2017
					Amo	unt	
С	ity	State	Zip Code				8.10
		AR	72143				D: df3eaa73-7a04-4227-a ursement or Obligation
	urpose of Expenditure Mileage		Category/ Type	002] [08	12 2014
N	ame of Federal Candidate		Su	pport	Office Soug	ht:	House District: 00
M	1r. Mark L Pryor		X Op	pose	Presid	dent	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		56651.24		Disburseme 2014	nt For: Other (sp	Primary
(a)	SUBTOTAL of Itemized Independent Expenditures				•		48.10
(b)	SUBTOTAL of Unitemized Independent Expenditure	s			· [4 1 4
(c)	TOTAL Independent Expenditures				•		7 1 2
with	der penalty of perjury I certify that the independent n, or at the request or suggestion of, any candidate ty committee) any political party committee or its age	or authorized					
	Ms. Emily Buchanan	[Electroni	cally Filed]	Date	M M /	14	2014
	Signature		_				

Sched	lule E)	EXI END			PAGE 65	OF 69 F FORM 24/48
	OF COMMITTEE (In Full)				FEC IDENTIFICATI	
Wom	nen Speak Out PAC				C C00530766	
Check if	f 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	-M / D - D /	Y = Y = Y
Full	Name of Payee			Date	of Public Distribution	/Dissemination
Cł	nristopher Pollreis				08 / D D /	2014
Mail	ling Address 15.5 Magnolia Circle			Amou	nt	
City		State	Zip Code	<u> —</u> Г.		30.00
	arcy	AR	72143		action ID : 5e0f44a	
Pur _l Sal	pose of Expenditure ary		Category/ Type 001		08 / 12	2014
Nan	ne of Federal Candidate		Support	Office Sough	t: House	District: 00
Mr.	Mark L Pryor		X Oppose	Preside		State: AR
	Calendar Year-To-Date Per Election for Office Sought		56651.24	Disbursemer 2014	t For: Primar	y X General
	Name of Payee nristopher Pollreis				of Public Distribution	
	•				08 / 12	2014
Mai	ling Address 15.5 Magnolia Circle			Amou	nt	
City	,	State	Zip Code	— IL.		11.10
	arcy	AR	72143		action ID : ad1d1db	
	pose of Expenditure eage		Category/ Type 002		08 / 12	2014
Nar	ne of Federal Candidate		Support	Office Sough	it: House	District:00
Mr.	Mark L Pryor		Oppose	Presid		State: AR
	Calendar Year-To-Date Per Election for Office Sought	<u> </u>	56651.24	Disbursemer 2014	t For: Primar	y X General
(a) S	SUBTOTAL of Itemized Independent Expenditures					41.10
(a) C	SOFT THE OF HOMESON INDEPENDENT EXPONDING	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			7	41.10
(b) S	SUBTOTAL of Unitemized Independent Expenditu	res		•		
(c) T	OTAL Independent Expenditures			•	7 7	
with,	r penalty of perjury I certify that the independer or at the request or suggestion of, any candidate committee) any political party committee or its a	e or authorized				
_	Ms. Emily Buchanan	[Electron	ically Filed] Date	08	14 20	14
Si	gnature		_			

Schedule E)	PAGE 66 OF 69 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y = Y
Full Name of Payee Date Xavier Miller	e of Public Distribution/Dissemination
	08 12 2014
Mailing Address 407 randall Dr Amo	ount
City State Zip Code	30.00
Searcy AR 72143 Tran	nsaction ID : fe5f8d63-65ab-40a6-a
Purpose of Evpenditure	08 / 12 / 2014
Name of Federal Candidate Support Office Soug	ght: House District:00
Mr. Mark L Pryor	A.D.
Calendar Year-To-Date Per Election for Office Sought Disburseme 2014	ent For: Primary
	e of Public Distribution/Dissemination
James W Blevins	08 08 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 108 East Clinton St	ount
PO Box 410 City State Zip Code	15.00
Salemburg NC 28385 Trans	saction ID : 5f041892-b617-423e-8
Purpose of Expenditure Salary Category/ Type 001	of Disbursement or Obligation 08 08 2014
Name of Federal Candidate Support Office Soug	ght: House District: 00
Ms. Kay Hagan President Oppose President Presi	dent State: NC
Calendar Year-To-Date Per Election for Office Sought Disburseme 2014	ent For:
(a) SUBTOTAL of Itemized Independent Expenditures	45.00
(b) SUBTOTAL of Unitemized Independent Expenditures	1 7 1 1 7 1 1 7 1
(c) TOTAL Independent Expenditures	7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (in party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 08	14 2014

Schedule E)	DEIVI EXI EIVD	TIONES	PAGE 67 OF 69 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour repor	t New rep	port Amends repo	t filed on
Full Name of Payee			Date of Public Distribution/Dissemination
James W Blevins			08
Mailing Address 108 East Clinton St			Amount
PO Box 410		7: 0 !	
City Salemburg	State NC	Zip Code 28385	7.86 Transaction ID : 3f3d031e-6a54-4186-b
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		230157.08	Disbursement For: Primary
Full Name of Payee			Date of Public Distribution/Dissemination
Dwayne C Smith			08 12 Y Y Y Y
Mailing Address 900 Bramblegate Rd			Amount
City	State	Zip Code	30.00
Hope Mills	NC	28348	Transaction ID: 0167bb4a-9902-4df9-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 12 / Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought		230157.08	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expe	nditures		37.86
(b) SUBTOTAL of Unitemized Independent Ex	penditures		
			7 7 7
(c) TOTAL Independent Expenditures)
	andidate or authorize		not made in cooperation, consultation, or concert either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08 14 2014
5.g. (a.a.)			

Schedule E)	IDENT EXTEND	ITOTILO	PAGE 68 OF 69 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour repo	ort New rep	ort Amends repo	rt filed on
Full Name of Payee Dwayne C Smith			Date of Public Distribution/Dissemination
Mailing Address 900 Bramblegate Rd			08 12 2014 Amount
	0	7: 0 1	
City Hope Mills	State NC	Zip Code 28348	2.25 Transaction ID: e53dca84-da07-4c4e-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		230157.08	Disbursement For:
Full Name of Payee Shannon E Downey			Date of Public Distribution/Dissemination
Mailing Address 112 Brookhollow Drive			08
City	State	Zip Code	30.00
Mount Holly	NC	28120	Transaction ID : cfdd7ce4-3545-453f-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 08 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		230157.08	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Exp	enditures		32.25
(b) SUBTOTAL of Unitemized Independent E	xpenditures		
			7 7 7
(c) TOTAL Independent Expenditures			>
	candidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	08
3			

Schedule E)	PAGE 69 OF 69 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y = Y
	ate of Public Distribution/Dissemination
Shannon E Downey	08
Mailing Address 112 Brookhollow Drive	mount
City State Zip Code	4.80
D	ransaction ID: a014ee8e-2d19-4ce8-9 ate of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office So	ought: House District: 00
Ms Kay Hagan	esident Senate State: NC
Calendar Year-To-Date Per Election for Office Sought Disburse 230157.08 Disburse 2014	ement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
Market Address	
Mailing Address A	mount
City State Zip Code	
	Pate of Disbursement or Obligation
Purpose of Expenditure Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate Support Office So	ought: House District:
Oppose Pri	resident Senate State:
Calendar Year-To-Date Per Election for Office Sought	ement For: Primary General
	Other (specify) -
(a) SUBTOTAL of Itemized Independent Expenditures	4.80
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	4558.11
Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date Signature	14 2014
Oignatule	